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|---|--|---|--------------------------------|----------|------|--|---|--|--|------------------|----|
| PRE-AWARD SURVEY OF CONTRACTOR'S/CARRIER'S FACILITIES AND EQUIPMENT | | | | | | | | | | DATE (Yr/Mo/Day) | |
| INSTRUCTIONS: THIS SELF EXPLANATORY FORM IS TO BE COMPLETED IN DUPLICATE FOR EACH WAREHOUSE OR SPECIFIC AREA THEREOF IN WHICH HOUSEHOLD GOODS ARE TO BE STORED. THE ORIGINAL TO BE RETAINED BY THE RESPONSIBLE ACTIVITY, DUPLICATE TO THE CONTRACTOR/CARRIER. | | | | | | | | | | | |
| NAME AND ADDRESS OF FIRM (Include ZIP code) | | | | | SCAC | | CONSTRUCTION OF BUILDING | | | | |
| | | | | | | | WALLS | | | | |
| | | | | | | | ROOF | | | | |
| NAME OF OPERATING EXECUTIVE | | | | | | | FLOOR(S) | | | NUMBER OF FLOORS | |
| PHONE (Include AREA CODE.) BUSINESS: HOME: | | | | | | | BASEMENT | | | | |
| ADDRESS OF STORAGE LOCATION (Include ZIP CODE.) | | | | | | | GIVE NARRATIVE DESCRIPTION OF BUILDING (Use reverse for diagram of storage area, if desired.) | | | | |
| WAREHOUSE NUMBER | | AREA (Floor, Fire Division, etc.) | | | | | | | | | |
| WAREHOUSE LICENSE NO. | | OPERATING AUTHORITY | | | | | | | | | |
| OPEN FOR BUSINESS (Hours and days of week.) | | | | | | | | | | | |
| PICK-UP AND DELIVERY EQUIPMENT | | | | | | | | | | | |
| NUMBER OF TRUCKS | | TYPE OF TRUCKS | | | | | TOTAL STORAGE SPACE (Square feet.) | | | | |
| | | | | | | | OWNERSHIP OF BUILDING | | | | |
| | | | | | | | <input type="checkbox"/> OWNED <input type="checkbox"/> LEASED (If leased complete the following and attach a copy of lease.) | | | | |
| | | | | | | | LEASE EXPIRES PHONE | | | | |
| FIRE PROTECTION | | | | | | | NAME AND ADDRESS OF OWNER (Include ZIP CODE.) | | | | |
| FIRE CONTENTS RATE (Based upon 80 percent co-insurance per \$100 per year.) | | | | | | | | | | | |
| DOD FIRE CLASSIFICATION CODE | | | WEIGHT LIMITATIONS (LBS.) | | | | (CHECK "YES" OR "NO" AS APPROPRIATE) | | | YES | NO |
| | | | | | | | CATEGORY OF BUSINESS | | | | |
| NUMBER OF MILES TO NEAREST FIRE DEPARTMENT: | | | | | | | MINORITY BUSINESS ENTERPRISE | | | | |
| NEAREST FIRE HYDRANT | | NUMBER OF FEET FROM BUILDING: | | | | | SMALL BUSINESS CONCERN | | | | |
| | | POUNDS OF PRESSURE: | | | | | FIRE EXTINGUISHERS | | | | |
| | | <input type="checkbox"/> ADEQUATE <input type="checkbox"/> INADEQUATE | | | | | IS THERE A SUFFICIENT NUMBER? | | | | |
| DESCRIBE FIRE PROTECTION SYSTEM | | | | | | | ARE THEY THE PROPER TYPE? | | | | |
| | | | | | | | ARE THEY REGULARLY INSPECTED AND MAINTAINED? | | | | |
| FREQUENCY OF TEST/INSPECTION: | | | | | | | FIRE FIGHTING PLAN | | | | |
| MAINTENANCE CONTRACT WITH | | | | | | | IS A FIRE FIGHTING PLAN POSTED? | | | | |
| | | | | | | | ARE ALL EMPLOYEES FAMILIAR WITH THE PLAN? | | | | |
| | | | | | | | CLIMATE PROTECTION | | | | |
| | | | | | | | IS BUILDING PROTECTED FROM EXTREME COLD? | | | | |
| | | | | | | | IS BUILDING PROTECTED FROM EXTREME HEAT? | | | | |
| | | | | | | | IS BUILDING PROTECTED FROM EXTREME HUMIDITY? | | | | |
| SCALES | | | | | | | IS VENTILATION ADEQUATE? | | | | |
| TYPE AVAILABLE | | | DISTANCE FROM BUILDING (MILES) | | | | ARE UTILITIES AND OTHER SYSTEMS SERVICED AT LEAST ANNUALLY? | | | | |
| CERTIFIED | | YES | NO | CAPACITY | | | MATERIAL HANDLING EQUIPMENT | | | | |
| | | | | | | | IS THE EQUIPMENT PROPERLY MAINTAINED? | | | | |
| STORAGE METHODS (Give brief description) | | | | | | | SMOKING | | | | |
| RUGS | | | | | | | ARE "NO SMOKING" SIGNS POSTED? | | | | |
| | | | | | | | IS "NO SMOKING" POLICY ENFORCED? | | | | |
| UPHOLSTERED FURNITURE | | | | | | | HOUSEKEEPING | | | | |
| PIANOS | | | | | | | IS BUILDING AND OUTSIDE AREA NEATLY KEPT AND FREE FROM HAZARDOUS MATERIALS? | | | | |
| FIREARMS SECURITY | | | | | | | ARE COMBUSTIBLE WASTE MATERIALS STORED AT LEAST 50 FEET AWAY FROM FACILITY? | | | | |
| | | | | | | | SECURITY | | | | |
| OTHER PROPERTY | | | | | | | IS BUILDING EQUIPPED WITH BURGLAR ALARM? | | | | |
| | | | | | | | IS A WATCHMAN ON DUTY? | | | | |
| HAZARDOUS OPERATIONS (Describe operations in or near building which may be hazardous to stored property.) | | | | | | | DO POLICE PATROL THE AREA? | | | | |
| | | | | | | | ARE DOORS AND WINDOWS ADEQUATELY PROTECTED? | | | | |
| | | | | | | | IS SEPARATION FROM JOINT OPERATION OCCUPANT, IF ANY, ADEQUATE? (See "Hazardous Operation" below.) | | | | |
| TYPE OF PROGRAM FIRM HAS FOR RODENT AND/OR INSECT CONTROL | | | | | | | FLOODING | | | | |
| | | | | | | | IS BUILDING SUBJECT TO FLOODING? | | | | |
| I certify that I have inspected the above described facility and find that, to the best of my knowledge, the information herein is true and correct. | | | | | | | SIGNATURE (Inspecting Officer) | | | DATE (Yr/Mo/Day) | |
| I certify that the conditions and policies of this warehouse are, to the best of my knowledge, as indicated above. | | | | | | | SIGNATURE (Warehouseman) | | | DATE (Yr/Mo/Day) | |
| I certify that I have reviewed this survey and <input type="checkbox"/> APPROVE, <input type="checkbox"/> REJECT the facility for storage of household goods. | | | | | | | SIGNATURE (Contracting Officer/Trans. Officer) | | | DATE (Yr/Mo/Day) | |